# **Change of Address**

<b>art I</b> Cor	nplete This Part to Chang	e Your	<b>Home Mailing Address</b>						
omplete this	part if the address change	affects	s individual income tax re	turns. (For	ms 540, 540A, 540 2EZ, or Loi	ng or Sh	ort Form 540NF	R)	
If your last	t return was a joint return	and yo	ou are now establishing a	residence	separate from the spouse with	n whom			
you filed t	hat return, check the box t	to the r	ight	<u> </u>					
1a Your first	name	Initial	Last name	st name			Your social security number		
1 1 1				1 1 1			†	+	
2a Spouse's	s first name	Initial Last name	Last name			2b S	Spouse's social security number		
1 1 1							+	+	
3 Prior nan	ne(s) See instructions.								
a Old addr	ess (no., street, city or town	. state.	and ZIP Code), If a PO box	or foreign a	address, see instructions.		Apt no.	PMB no.	
		,,							
4h Snouse's	s old address (no. street o	ity or to	wn state and ZIP Code)	If a PO hov	or foreign address, see instruction	ne	Apt no.	PMB no.	
no opouses	o oia addiess, (110., 311661, 1	nty Or IC	wii, state, and Zii Gode). I	1 4 1 0 500	or loroigh address, see mondell	n 13.	Apt no.	TI WID IIO.	
ia New address (no., street, city or town, state, and ZIP Code). If a PO box or foreign address, see instructions.							A-4	DMD	
oa New add	ress (no., street, city or town	n, state,	and ZIP Code). If a PO bo	x or foreign	address, see instructions.		Apt no.	PMB no.	
					<u> </u>				
Part II Cor	nplete This Part to Chang	e Your	<b>Business Mailing Addre</b>	ss or Busin	ess Location Address				
Check <b>ALL</b> boxes this change affects:						7b California corporation number			
☐ Busine	ess, Estate, or Trust return	s (Forn	n 541, 565, 568, 100, 100	)W, 100S, 1	109, and 199)				
7a 🗆 Business, Estate, or Trust location						7c Secretary of State file number			
	,,								
8a Business, Estate, or Trust name						8b FEIN			
Old mailing address. If a PO box or foreign address, see instructions.						1.04-4-	L ZID Code	PMB no.	
No. Street		City or Town		State	ZIP Code				
) New mai	ling address. If a PO box or	foreign	address see instructions				1		
No.	Street	City or Town			I State	I ZIP Code	PMB no.		
1 New bus	iness address. If a PO box o	or foreig	n address, see instructions.					DMD no	
No.	Street	City			City or Town		ZIP Code	PMB no.	
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	Daytime telephone numbe	r of pers	on to contact (optional) ► (_						
lease			ı					1	
ign	Vour eignoture		D-4-		If Dort II completed circotion	of our -		nantativa Data	
ere	Your signature		Date		If Part II completed, signature	e or owne	r, onicer, or repre	sentative Date	
010			I						
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# If joint return, spouse's signature For Privacy Act Notice (Individual), get form FTB 1131.

# **A** Purpose

You may use this form if you change your home or business mailing address or your business location. Generally, complete only one form FTB 3533 to change your home and business addresses. If this change also affects the mailing address for your children who filed separate tax returns, complete a separate form FTB 3533 for each child. If you are a representative filing for the taxpayer, attach a copy of your power of attorney to this form.

**Note:** You may also notify the FTB of a change of address by calling (800) 852-5711. If you have called FTB and reported a change of address, you do not need to file this form.

### **B** Prior Name(s)

If you or your spouse changed your name because of marriage, divorce, etc., complete line 3.

#### C Addresses

Date

Be sure to include any apartment, room, or suite number.

Title

#### D PO Box

If your post office does not deliver mail to your street address, show your PO box number instead of your street address.

If you lease a private mailbox (PMB) from a private business rather than a PO box from the United States Postal Service, include the box number in the field labeled "PMB no" in the address area.

# E Foreign Address

If your address is outside the United States or its possessions or territories, enter the information in the following order: city, province or state, and country. Follow the country's practice for entering

the postal code. Please do not abbreviate the country name.

# F Signature

If you are completing Part II, the owner, officer, or a representative must sign. An officer is the president, vice president, treasurer, chief accounting officer, etc. A representative is a person who has a valid power of attorney to handle tax matters.

## G Where to File

Mail this form to:

FRANCHISE TAX BOARD PO BOX 942840 SACRAMENTO CA 94240-0000

**Note:** If you moved after you filed your return and you are expecting a refund, also notify the post office serving your old address. This will help forward your check to your new address.